



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF Unites States of America		COURT CASE NUMBER 05-1849 JH	
DEFENDANT Javis, et.al.		TYPE OF PROCESS Final Disposition	
<b>SERVE  AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE		
	ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		NUMBER OF PROCESS TO BE SERVED IN THIS CASE	1
Stephen R. Kotz/Cynthia L. Weisman Assistant United States Attorey P.O. Box 607 Albuquerque, NM 87103		NUMBER OF PARTIES TO BE SERVED IN THIS CASE	
		CHECK BOX IF SERVICE IS ON USA	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service) 1. As per the attached Final Order of Forfeiture Regarding (\$49,145.18) Wells Fargo Bank Account No.7692176673, the \$49,145.18 is forfeited to the United States. Please dispose according to law. 05-ICE-000276 <i>AL029R02AL001, 2 0055Z009688201</i> 2. Return completed copies for filing.			
Signature of Attorney or other Originator requesting service on behalf of <i>[Signature]</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NO. (505) 346-7274
		DATE 08/03/2011	
SIGNATURE AND DATE OF PERSON ACCEPTING PROCESS			
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the total number Of process indicated	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER.
			DATE
I HEREBY CERTIFY AND RETURN THAT I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC NAMED ABOVE.			
NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE:		<input type="checkbox"/> A person of suitable age and discretion then residing In the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above)		DATE OF SERVICE	TIME OF SERVICE <input type="checkbox"/> AM <input type="checkbox"/> PM
		SIGNATURE, TITLE AND TREASURY AGENCY <i>[Signature], SPECIAL AGENT / HSI</i>	
REMARKS: <i>Transferred to Dept of Treasury / CBP</i> <i>08/16/11</i>			